DOCUMENT RESUME

ED 246 978 JC 840 453

AUTHOR Christensen, Mary Ann
TITLE Feasibility Study: A Gerontological Survey to Determine Certification and Continuing Education Needs of Area Nursing Home Staff.
INSTITUTION Butler County Community Coll., El Dorado, KS.
PUB DATE 14 Aug 84
NOTE 43p.
PUB TYPE Reports - Evaluative/Feasibility (142) -- Tests/Evaluation Instruments (160) -- Information Analyses (070)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Allied Health Personnel; Certification; Community Colleges; Community Surveys; *Educational Needs; Employment Practices; Employment Problems; National Surveys; Needs Assessment; Nurses; Nurses Aides; *Nursing Homes; Older Adults; *Professional Continuing Education; *Program Development; State Surveys; Two Year Colleges
IDENTIFIERS *Kansas

ABSTRACT

Developed as part of an evaluation of the feasibility of establishing a continuing education program for nursing home staff at Butler County Community College (BCCC), this report provides an overview of continuing education in the field at national, state, and local levels. Section I introduces the demographic, social, and economic trends that necessitate improved and extended continuing education for nursing home staff. Section II examines the status of nursing home continuing education on a national level, pointing to three types of staffing problems: insufficient staff-to-patient ratio, high turnover, and lack of training. Section III provides a statewide focus on nursing homes in Kansas; recent state regulations for the certification of nursing home personnel; statewide program offerings for various job categories; procedures for developing approved courses; and initial training programs and continuing education opportunities. Section IV presents findings from studies to assess the need for a continuing education program at BCCC, based on survey responses from nursing homes in the catchment area. Information is provided on: (1) the responsibilities and educational needs of nursing home administrators, directors of nursing, activity directors, dietitians, registered and licensed practical nurses, nurses aides, medication aides, restorative aides, and social service designees; (2) jobs in which turnover was of most concern; (3) staffing patterns; and (4) recommended emphases of a continuing education program at BCCC. (LAL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

M. Christensen

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIGNAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☑ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

ED246978

JC 840 453

FEASIBILITY STUDY

A Gerontological Survey to Determine Certification and Continuing Education Needs of Area Nursing Home Staff

by

Mary Ann Christensen

for

The Department of Nursing

Butler County Community College
El Dorado, Kansas

June 1 - August 14, 1984

TABLE OF CONTENTS

		Pages
I.	Introduction Gerontological Survey	1-3
II.	National Status	4-7
III.	State Overview	8-11
IV.	County Overview and Survey Summary	12-15
V.	Endnotes	16
VI.	Bibliography	17
VII.	Illustrations	
	Figure 1 - Income of the elderly	2a
	Figure 2 - Census figures showing aged and N.H. populations	8a
	Examples of activity director and social service designee certification programs	9a-g
	Figure 3 - Survey tabulations	12a-j
	Figure 4 - Percentages of nursing home staff	12k
	Figure 5 - Multiple certification of staff	15a
	Figure 6 - Needs assessment check-list	15b
	Figure 7 - Needs assessment check-list tabulations	15c

GERONTOLOGICAL SURVEY

The purpose of this survey is to review the current status of nursing home management in this country. In so doing, a comprehensive analysis of staff needs for continuing education will be offered. There are several reasons why continuing education for nursing home staff in America has become increasingly important. Demographic, social and economic trends have made improved and extended continuing education not only advisable, but necessary.

The aged population in the United States has increased dramatically in the last decade. National statistics indicate that "Every day, approximately 5,000 Americans celebrate their 65th birthday. Everyday, approximately 3,400 persons aged 65+ die. The net increase is about 1,600 people a day, or 600,000 per year." Research tells us that "Since 1900 the elderly population has grown sevenfold (compared with a threefold increase for the overall population) and the percentage growth in this population continues to outpace that of the under 65." Futhermore, studies have shown that "between now and 2000, the 65-74 age group will increase less than 29% to 17.4 million, while the 75-84-year-olds will increase about 50% to 10.6 million, and the 85+ will increase by more than 80% to 3.8 million. Thus, the significant increase in the average age of the older population puts proportionately more people in the more vulnerable part of the age spectrum."

The need for nursing home care has also increased significantly in our society. "The average age of nursing home residents in the U.S. is 78. The three most prevalent factors accounting for entry are dementia, incontinence and immobility . . . Roughly 85% of people in homes are there because of poor physical health and 50% suffer from mental deterioration. One-third or more of nursing home residents are dependent in one or more of six activities of daily living: dressing, eating, bathing, using the bathroom, walking and bowel and/or bladder control. Approximately one-fourth of all nursing home residents are dependent in all six activities. "The elderly who do still have children most often enter homes because relatives are overwhelmed by taking care of them. The lack of ability to care for this group is compounded by the growing percentage

of working women. In 1900 only 20% of American women worked. In 1950, almost 30% worked, and in 1981, more than 52% were working outside the home." There is simply no one left at home to care for the elderly.

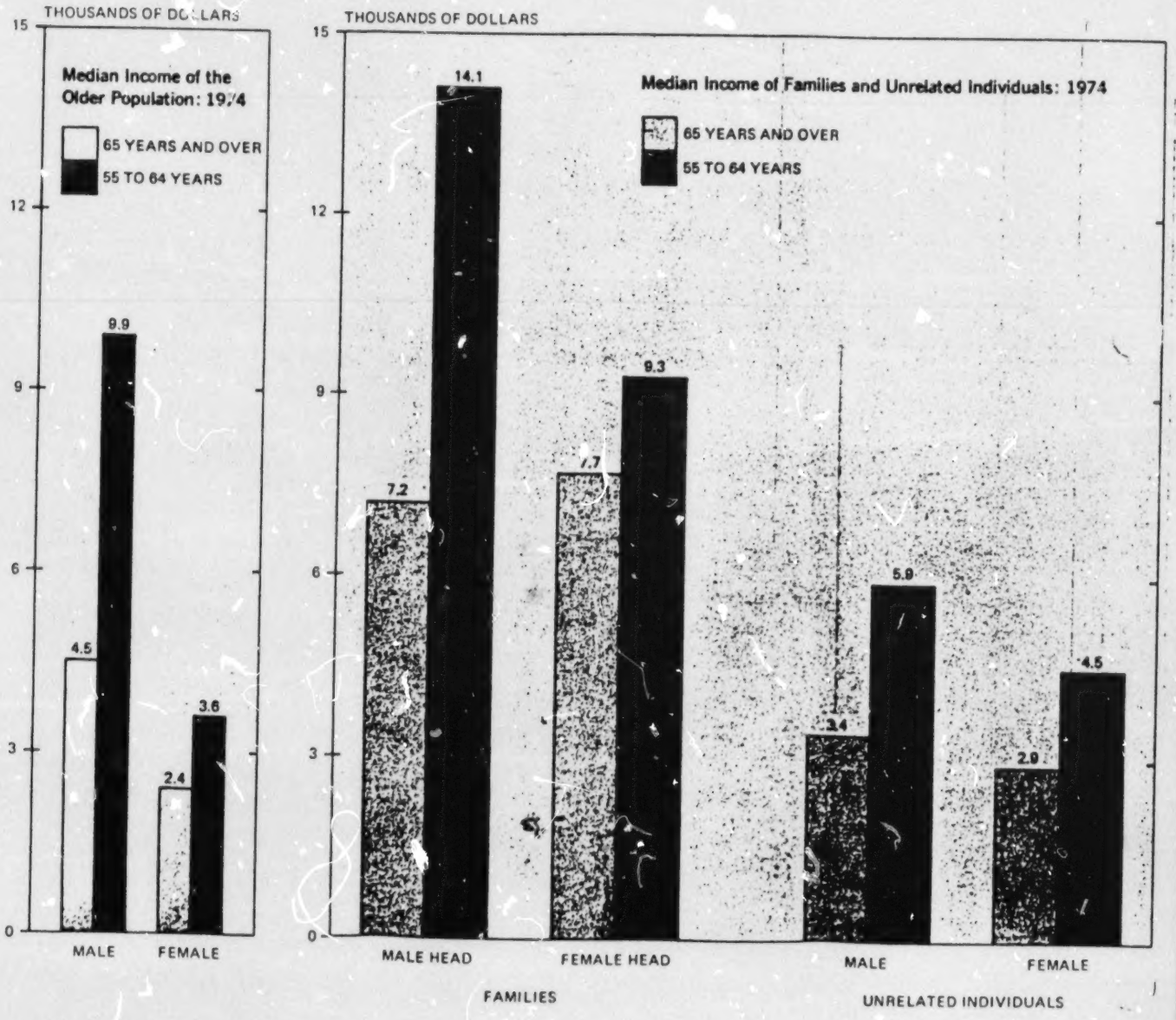
Furthermore, economic trends have had a direct effect on the number of nursing homes and staff, the ability of residents to pay for quality care and the caliber of employee hired to provide this care. "In 1981, Americans were spending (directly or through the government) $24.5 billion to keep 1.3 million mostly elderly people in nursing home beds across the country . . . By the end of this decade, the $82 billion spent for nursing home care will represent 10% of the national health-care expenditure." Government statistics also indicate that "the U.S. will need another 300,000 nursing home beds to accomodate the aging population. The cost of providing these beds could be as much as $5 to $6 billion." The cost of quality care has also increased to alarming proportions. For example, "The average cost of care in the Washington, D.C. area is $17,000 to $36,000 per year, depending on the level of care." Approximately 66% of American nursing home beds were built in the late 60's after Medicare and Medicaid became law. "Medicaid now accounts for about one-half of all nursing home revenues, paying the bills of some 60% of the residents. Most of the rest pay their own bills, or their children pay for them." Unfortunately, residents' Social Security and any other pension or retirement benefits cannot begin to cover the excessive costs of care. (See fig. 1.) Even so, "Social Security payments represent the bulk of all federal outlays in aging, which increased from $46 billion in 1972 to over $100 billion in 1978." In 1982, according to an Office of Management and Budget estimate, combined benefits to the aged accounted for 27% of the total federal budget. It has been forecast that demographic trends alone would increase the cost of current benefits to 35% of the budget by 2000, and 65% by 2025. In 1981, combined programs for the aged accounted for about $140 billion of the $225 billion budget for the Department of Health and Human Services, as well as sizeable portions of other agencies ranging from the Veteran's Administration to the Department of Agriculture. Today, spending on the aged at all levels of government exceeds spending for children and youth, including education costs, by more than three to one.

Men Over 65 Have Less Than Half the Income of Men 55 to 64 Years Old

Men 65 and over had a 1974 median income of about $4,500, nearly double the $2,400 median income of women of the same age, but less than half the $9,900 income of men 55 to 64 years old. The median income for women in the 55-to-64 age group was approximately 50 percent higher than that of women 65 years and over.

Families headed by men 55 to 64 years old had a median income almost twice that of those headed by men 65 years and over—about $14,100 compared with $7,200. Those families headed by women 55 to 64 years old also had higher median incomes than those headed by older women but the difference was not as pronounced—about $9,300 compared with $7,700.

FIGURE 1



SOURCE BUREAU OF THE CENSUS

BEST COPY AVAILABLE

Finally, the main staff member involved in caring for these patients is the nurse aide. "Over-worked, underpaid and undertrained, nurse aides nonetheless perform 80 to 90% of patient care. The physically and emotionally draining work and poor pay --- often no more than minimum wage with no health insurance or vacation benefits --- leads to high turnover, and consistent understaffing." This situation often results in fulfillment only of the residents' physical requirements while mental and rehabilitative needs frequently remain unmet. "Suggestions for service and in-service training, career development, wage increases, and expansion of benefits have been opposed by the nursing home industry and federal regulators due to the high cost; however, the nigh turnover rate is tremendously costly and diverts dollars away from patient care."

It is evident that significant efforts have been made to provide funding for better health care programs for the elderly but that effective operation and management of facilities has become an almost overwhelming task for the administrators of nursing homes. In view of the aforementioned demographic, social and economic trends, implementation of a quality continuing education program for the primary caregivers in the nursing home seems a viable method to create a support system for competent and comprehensive health care of the aged. This study will present information regarding the national, state and county need for continuing education programs for nursing home staff. Based on this data suggestions for Butler County and surrounding area nursing homes, programs will be offered. The intent of this study is to provide adequate information to comprehensively evaluate the need for and advisability of a Butler County Community College continuing education program for nursing home staff in Butler, Chase, Greenwood, Marion and Morris Counties, with a partial sampling of Sedgwick County for purposes of comparison.

NATIONAL STATUS OF NURSING HOME CONTINUING EDUCATION NEEDS

There are more than 17,000 nursing homes in our country providing housing and care for approximately one and a quarter million Americans. The aggregate revenues of these homes exceed $12 billion a year. It is well-documented that nursing home residents tend to deteriorate, physically and psychologically, after being placed in these institutions, which are presumed to be therapeutic. Instead, routine care is often overwhelming to a staff which is inadequate in number, inconsistent in job performance and highly unskilled. Thousands of facilities in every state of the nation cannot meet minimal government standards of sanitation, staffing or resident care. The closest governmental estimate found roughly half of this country's nursing homes to be "substandard." Despite this discouraging fact throughout America, these homes are all nearly full most of the time, with average occupancy rates everywhere in the nation exceeding 85 percent.

National research has indicated that the most frequently cited problems in nursing homes involve inadequate staff, limited patient care and improper drug administration.

Staffing problems fall into three major categories including insufficient staff to patient ratio, high turnover and lack of training. According to a study completed in 1976, only 7% of nursing home staff in the U.S. are registered nurses and only 8% are licensed practical nurses. This percentage is acceptable under present federal and state regulations.

In addition, most of these trained individuals are involved with administration of the facility rather than providing or directly supervising patient care. The result of this lowered percentage of R.N.'s and L.P.N.'s as staff members is that nurse aides perform 80-90% of patient care in nursing homes. Unfortunately, nurse aides are paid the least, receive fewer benefits and, most impo-tantly, are inadequately trained. This then increases turnover rates and often leaves the facility inconsistently or insufficiently staffed. When there is a full complement of staff to run the home, the great percentage of caregivers -- nurse aides -- are still the least trained to properly care for residents.

Limited patient care includes the lack of preventive as well as rehabilitative health care. Most nursing home residents have physical or health problems. Research has shown that these patients generally have about four chronic or crippling disabilities, and less than half can walk. This type of patient demands more time-consuming and extensive care in a variety of ways. For example, if body movements are limited, help may be needed with eating, bathing and bathroom use as well as extra care to prevent bed sores, muscle atrophy, and other secondary physical problems. However, the limited number of staff available and their lack of training make the implementation of the needed preventive and rehabilitative techniques almost impossible. There simply aren't enough competent employees to manage patients' needs for activities of daily living, as well as more involved programs of health care. Consequently, the latter are often incomplete.

The third area of concern in our nation's nursing homes is improper prescription of drugs. Studies have shown that tranquilizers

are overused as "invisible restraints" to keep residents "manageable." Residents studied (average age 82) take about five to seven different drugs each day. The average person of sixty-five or over will take 13 different drugs annually. This puts one at considerable risk because, statistically, any person taking five different drugs has a 5% chance of an adverse reaction. Studies in the U.S. have shown that 25% of the hospital population over 80 will suffer adverse reactions to drugs. The most common drugs (called psychotropics or mood changers) used in U.S. nursing homes are the strongest ones; Thorazine (or chlorpromazine) and Mellaril (or thioridazine). These drugs account for more than 50% of all tranquilizers purchased for nursing home residents. The total purchase records for all nursing home drugs indicate that 20% overall are tranquilizers. Overuse of tranquilizers is compounded by the use of different drugs in combination. In addition, the natural aging process results in less tolerance by the body of drugs, and tranquilizers are cited as particularly dangerous. The reduced ability of the body to metabolize, absorb, and discharge most substances, especially chemicals, is a critical issue. The elderly are at risk because they are less tolerant of drugs. Furthermore, gerontological researchers make it clear that medical schools provide virtually no training regarding care for the aged, and so there is increased likelihood that the referring physician may give little or no direction to the predominantly unskilled staff in the nursing home, resulting in poorly controlled drug prescription and management.

In conclusion, individual, institutional and federal government studies have repeatedly shown ~~that~~ the aforementioned deficiencies have

been, and still are, present in the majority of this country's nursing homes. There is unequivocal agreement by researchers, administrators and staff that training for caretakers of the elderly is of paramount importance. It seems clear that continuing education of professionals and paraprofessionals in the nursing home setting is a national concern, and considered by most to be an immediate necessity.

STATE OVERVIEW

Kansas is significant in the distribution pattern of nursing homes in the U.S. because the greatest concentration of nursing home beds relative to population is found in the upper Mid-west and Great Plains. As of 1975, there were 82.5 nursing home beds per 1,000 elderly in the state, ranking it sixth nationally in nursing home population. Kansas has responded in a variety of ways to the rapid growth in population of the elderly and to the dramatic increase in need for nursing home accomodation. Adult care homes have grown in number to 370 statewide (the majority for the elderly) providing housing for approximately 26,000 residents. The four classifications of homes found in Kansas are SNF, or skilled nursing facility, requiring extensive nursing care; ICF of intermediate care facility, requiring limited nursing care; PCF or personal care facility and IMR or intermediate mental retardation, both requiring the least amount of nursing care. For a breakdown of age groups and nursing home population in the east central area of the state see Figure 2. The majority of Kansas nursing home residents (85%) are living in intermediate care facilities which provide limited nursing care. Since the greatest number of residents are in this category home, the highest percentage of state nursing home employees are nurse medication or restorative aides, social service designees and activity directors, all of whom have the least amount of training upon joining the staff, and can

FIGURE 2

Rural Areas of Kansas		65-74	75+		
Number of aged		66,098	49,700		
County	Total Population 65-74 Nsg. Hm. " % " "	75+ T. Pop. N.H. Pop. % " "	Total # N.H.'s	Total # N.H.beds	1984 Avg. % Utilization
Butler	3,086 61 2 %	2,481 386 15%	6	347 ICF 116 SNF	89%
Chase	394 13 3%	331 58 17%	1	73 ICF	100%
Greenwood	1,183 36 3%	923 104 11%	3	193 ICF	100%
Marion	1,575 62 4%	1,464 300 21%	5	333 ICF	95%
Morris	829 12 1½%	628 78 12%	1	100 ICF	92%
		Totals and overall average % of utilization	16	1,162	95%
Sedgwick (sample of 4 Nursing Homes)					
	21,003 338 11½%	14,084 1,463 10½%	25	1,147 SNF 1,134 ICF 100 IMF	98% (sample only)
			Total	2,381	

SOURCE: U.S. Bureau of the Census, 1980
Christensen, 1984

ill afford to pursue further education.

Certified Nurse Aide	90 hour program
Certified Medication Aide	70 hour program
Certified Restorative Aide	36 hour program
Social Service Designee	36 hour program
Activity Director	36 hour program

Thus it is very important to provide an accessible certification and/or continuing education program which is cost-effective to insure quality care for the aged in Kansas.

The initial foundation for such a program has been provided by recent state regulations for certification of nursing home personnel. Minimum requirements for most staff members have been established and guidelines provided by the state Department of Health and Environment (see attached). Recertification requirements include a minimum number of C.E.U.'s (continuing education units) or clock hours which most employees must complete every two years.

B.C.C.C. is in a very favorable position at the present time regarding certification and continuing education program development for the east central area of Kansas. Currently, state regulatory officials estimate that limited educational resources are available to certain staff in nursing homes, particularly administrators, medication aides, social service designees and activity directors.

A brief look at statewide program offerings for each job category gives an indication why.

State of Kansas . . . John Carlin, *Governor*

DEPARTMENT OF HEALTH AND ENVIRONMENT

Joseph F. Harkins, *Secretary*

Forbes Field
Topeka, Kansas 66620
913-862-9360

OFFICE OF HEALTH FACILITIES

15 March 1982

PROCEDURES FOR DEVELOPING AN APPROVED COURSE FOR ACTIVITY DIRECTOR

The employee in the adult care home is frequently a member of the health care team providing a specialized service essential for the well-being of the resident. The necessary understanding, knowledge, and skills require education and training consistent with the duties performed. To insure that an employee is appropriately prepared to do the job, basic program guidelines have been developed (see attached outline).

Program Information

The program shall be developed and administered by a community college, vocational-technical school, or professional organization.

The sponsoring organization shall select (an) instructor(s) who is qualified by training and experience.

A minimum of 36 hours of instruction is required.

Course objectives shall describe the expectations for the student who has completed the program.

A method for evaluation shall be identified.

A certificate of achievement shall be awarded the student who has successfully completed the course.

Course Approval

A completed application form shall be submitted to: Office of Health Facilities, Kansas Department of Health and Environment, Forbes Field, Topeka, Kansas 66620. The information shall include a description of course content, site, sponsoring agency, instructor qualifications, length of course, meeting times, and evaluation method. After review, the approved application shall be returned to the sender.

O-1131

COURSE OUTLINE

ACTIVITY DIRECTOR TRAINING PROGRAM

I. Philosophy of Long-Term Care (two hours)

II. The Aging Process (ten hours)

A. Basic Human Needs

B. General Characteristics of Human Behavior

C. Attitudes About Aging

D. Effects of the Aging Process

1. Physical
   a. Normal changes
   b. Due to disease
2. Mental
3. Sensory

E. Psycho-Social Considerations

1. Stresses - physical, social, economic
2. Heredity and lifestyles
3. Gender and sexual orientation
4. Institutionalization
5. Problem behavior - coping mechanisms
6. Effects of multiple impairments
7. Death and dying

III. Performance Skills (four hours)

A. Working in Teams

B. Communications

1. Interviewing
2. Writing
3. Interacting with staff, residents, and family
4. Working with volunteers
5. Cooperating with state inspectors

C. Working With Support Staff, Managing Supplies, Budgeting

D. Applicable State and Federal Regulations

E. Resident's Rights

IV. Role and Function (20 hours)

A. Understanding Activities

B. Activities Analysis

C. Adapting Activities to Abilities

1. Assessing interests and needs
2. Adaptive equipment

D. Program Planning for Activities

1. Recreational
2. Creative
3. Educational
4. Social
5. Spiritual
6. Physical
7. Vocational
8. Community involvement
9. Service for others
10. Special events

E. Therapies

1. Fantasy
2. Reality orientation
3. Remotivation

F. Planning for Optimal Use of Environment

G. Evaluation of Activities

H. Admission and Discharge Process

I. Establishing Groups and Individual Participation

J. Volunteers

1. Recruitment and selection
2. Orientation
3. Training
4. Placement
5. Supervision
6. Recognition

K. Consultation Process

L. Documentation

1. Medical records practice
2. Confidentiality
3. Assessments
4. Activities involvement records

M. Care Plans

1. Development
2. Implementation
3. Review

State of Kansas . . . John Carlin, *Governor*

DEPARTMENT OF HEALTH AND ENVIRONMENT

Joseph F. Harkins, *Secretary*

Forbes Field
Topeka, Kansas 66620
913-862-9360

OFFICE OF HEALTH FACILITIES

15 March 1982

PROCEDURES FOR DEVELOPING AN APPROVED COURSE FOR SOCIAL SERVICE DESIGNEE

The employee in the adult care home is frequently a member of the health care team providing a specialized service essential for the well-being of the resident. The necessary understanding, knowledge, and skills require education and training consistent with the duties performed. To insure that an employee is appropriately prepared to do the job, basic program guidelines have been developed (see attached outline).

Program Information

The program shall be developed and administered by a community college, vocational-technical school, or professional organization.

The sponsoring organization shall select (an) instructor(s) who is qualified by training and experience.

A minimum of 36 hours of instruction is required.

Course objectives shall describe the expectations for the student who has completed the program.

A method for evaluation shall be identified.

A certificate of achievement shall be awarded the student who has successfully completed the course.

Course Approval

A completed application form shall be submitted to: Office of Health Facilities, Kansas Department of Health and Environment, Forbes Field, Topeka, Kansas 66620. The information shall include a description of course content, site, sponsoring agency, instructor qualifications, length of course, meeting times, and evaluation method. After review, the approved application shall be returned to the sender.

O-1181

COURSE OUTLINE

SOCIAL SERVICES DESIGNEE TRAINING PROGRAM

I. Philosophy of Long-Term Care (two hours)

II. The Aging Process (ten hours)

A. Basic Human Needs

B. General Characteristics of Human Behavior

C. Attitudes About Aging

D. Effects of the Aging Process

1. Physical
   a. Normal changes
   b. Due to disease
2. Mental
3. Sensory

E. Psycho-Social Considerations

1. Stresses - physical, social, economic
2. Heredity and lifestyles
3. Gender and sexual orientation
4. Institutionalization
5. Problem behavior - coping mechanisms
6. Effects of multiple impairments
7. Death and dying

III. Performance Skills (four hours)

A. Working in Teams

B. Communications

1. Interviewing
2. Writing
3. Interacting with staff, residents, and family
4. Working with volunteers
5. Cooperating with state inspectors

C. Working With Support Staff, Managing Supplies, Budgeting

D. Applicable State and Federal Regulations

E. Resident's Rights

IV. Role and Function (20 hours)

A. Understanding Social Work Practice

1. Historical perspectives
2. Philosophy
3. Code of ethics

B. Understanding Approaches to Counseling

1. Individual
2. Group
3. Family
4. Grievances

C. Social Services

1. Admission and discharge process
2. Liaison - family, agencies, and community
3. Referral - identification and use of outside resources
4. Support services - group, volunteer, and family
5. Direct services -letter writing, conversation, and shopping
6. Residents' Council

D. Documentation

1. Medical records practice
2. Confidentiality
3. Assessments
4. Social histories
5. Progress notes

E. Care Plans

1. Development
2. Implementation
3. Review

F. Consultation Process

Job	# Associate Degree Prog.	# Certification Programs	Location
Nsg. Home Adm.	4	4	Allen C.C.C. Barton C.C.C. Cloud C.C.C. Kansas City C.C.
Activity Dir. (Rec.)	1	2	Barton C.C.C. KHCA (W & T)
Cert. Med. Aide	0	3	Barton C.C.C. B.C.C.C. KHCA
Soc. Service Designee	0	3	Allen C.C.C. Barton C.C.C. KHCA

The established associate degree programs are state-approved for college credit but do not necessarily provide continuing education for graduates for future recertification. State officials further indicated in March 19, 1984 that C.E.U.'s were very difficult for many east central Kansas employees to obtain because most available programs are offered infrequently and/or are at a prohibitive distance from their facilities.

Initial training programs for social service designees and activity directors are offered only twice a year by KHCA, once in Wichita and once in Topeka. Barton County offers SSD and AD certification programs twice a year, and Allen County's program is offered only once, extended throughout one year. Butler County Community College has already instituted certification programs for nurse, medication and restorative aides. In view of this, a continuing education program for C.M.A.'s who are now required (as of this year) to obtain 10 C.E.U.'s every two years, could be easily developed, with readily accessible curriculum, staff and materials necessary. In addition, Topeka officials stressed that as a community college, Butler County Community College is automatically approved as a provider of continuing

education programs for this group.

At the present time state officials and local nursing home administrators have expressed concern regarding availability and and accessibility of initial certification programs for social service designees and activity directors, as well as continuing education programs for administrators and certified medication aides. The following feasibility study and catchment area survey was designed and administered to determine how great a need exists in the Butler County Community College service area and whether such programs should be instituted.

COUNTY OVERVIEW AND SURVEY SUMMARY

As a result of the many changes in nursing homes, BCCC, with its philosophy of lifelong learning, and in anticipation of serving the needs of institutions in our catchment area, undertook this study. Nursing homes in five counties, including Butler, Chase, Greenwood, Marion and Morris and a sample from Segwick for comparative data, were surveyed to assess continuing education needs. The following information and analysis was compiled for evaluation.

The B.C.C.C. catchment area includes 16 nursing homes, employing approximately 873 people and housing 1120 residents and 1162 beds. The average overall percent of utilization in this area is approximately 95%. A profile of staff characteristics and needs is given in Figure 3. As previously mentioned, national statistics indicate that only 8% of Nursing Home staff are L.P.N.'s and only 7% R.N.'s, while the greatest proportion of staff are paraprofessionals, including activity directors, social service designees, certified nurse, medication and restorative aides. Our survey revealed that east central Kansas homes which are primarily (90%) intermediate care facilities, employ somewhat less than the national average of R.N.'s and L.P.N.'s. See Figure 4.

One of the greatest concerns repeatedly voiced by administrators and supervisors was the need for training in staff supervision and the ongoing problem of staff turnover, especially of C.N.A.'s. It is very

FIGURE 3

1. Nursing Home Administrators

   A. Total number 20 Assistants 6

   B. Educational background

H.S.	7	(usually w/college hours)
L.P.N.	4	
A.A.S.	3	
B.S.	5	
M.S.	1	
Certified	20	

   C. State regulations for continuing education: 60 hours /2 yrs.

   D. Difficult areas to get C.E.U.'s:

Nursing	10
N/A	7
Resident care	1
Sanitation	1
Electives	1

   E. Most difficult daily problem:

Staff supervision	10
Time management	4
Resident care	4
Turnover	3
Mentally ill patients	1
Stress management	1
Counseling	1
Staff motivation	1
N/A	1

   F. Continuing education needs currently met by:

KHCA	18	Barton CCC	2	KAHA	1	WSU	1
KPNHA	3	KNA	1	Emporia State	1	Allen CCC	1

   G. Specific budget: Yes 20 No 0

   H. Continuing education needs B.C.C.C. could provide:

N/A	8	N.H.A. specifically related course	2
Nursing	3	Personnel management	1
Closer offerings	3	Sanitation	1
Geriatrics	2	Mental illness	1
Cost effective courses	2	Motivation	1

2. A. Director of Nursing 13 (R.N.) or Health Services Supervisor 7 (L.P.N.)

   B. Assistants 3

SOURCE: Christensen, 1984

C. State regulations for C.E.U.'s: 30 hours/2 years

D. Difficult areas to get C.E.U.'s:
N/A 9
Geriatrics 8
Relevant offerings to N.H. staff 2
Staff supervision 1
Chronic diseases 1

E. Most difficult daily problem:
Staff supervision 19
Turnover 3
Time management 2
N/A 1
Mentally ill (patients) 1

F. Continuing education needs currently met by:
Wesley (Wichita and Halstead) 9
KHCA 8
St. Francis 6
St. Joseph 3
W.S.U. 3
Emporia State 2
Beverly Enterprises 2
Augusta Medical Complex 2
KPNHA 1
KAHA 1
Newton 1
In-house 1

G. Specific budget Yes 18 No 2

H. Continuing education needs B.C.C.C. could provide:
Geriatrics 9
Accessible offerings 7
Staff supervision 5
N/A 4
Cost effective offerings 1
Counseling techniques 1
Drug review and up-date 1

3. Activity Director

A. 20 Assistants 4 serving in two jobs 3 (A.D. and S.S.D.)

B. Educational background
Licensed: H.S. 17, C.N.A. 9, C.M.A. 4, S.S.D. 3, A.A.S. 2, N.H.A. 1, M.S. 1

C. State regulations for C.E.U.'s N/A

D.

E. Most difficult daily problems:

Resident cooperation and motivation	10
Varied activities for residents	4
Time management	4
Staff cooperation	4
Care plans	4

F.

G.

H. Continuing education/general education needs B.C.C.C. could provide:

Workshops for new ideas/peer sharing of information	8
Accessible initial certification program	5
How to recruit and train volunteers	1
Rehabilitation treatment of geriatric patient	1
Behavior modification and counseling techniques	1
Dealing with staff, residents and public effectively	1

4. Dietitian

A.

(reg. consultants)	20
Food Service Supervisors	17
Assistants	2

B. Educational background

H.S. 19 certified 18 in training 2

C. State regulations for C.E.U.'s: none
American Dietetic Association requires 30 hrs./2 yrs.

D.

E. Most difficult daily problems:

Staff supervision	8
Attractive, well-balanced, cost-effective menus	6
Learning to cook for institution	2
N/A	2
Time management	1

F.

G.

H. Continuing education needs B.C.C.C. could provide:

N/A	7
Closer, cost-effective workshops approved by ADA	4
Geriatric needs for diet and nutrition	4
More accessible initial certification (FSS) program	3
Staff supervision	3
Interdisciplinary communication	3
Cooking classes	1

5. Registered Nurse

A. Full time 30 Part time 16
Graduates but haven't taken state boards 3

B.

C. State regulations for continuing education:
30 hours/2 years

D. Difficult areas to get C.E.U.'s:
N/A 7 Geriatric nursing 5 long-distance travel 1
finding C.E.U. offerings 1

E. Most difficult daily problem:
Staff supervision 9
Time management 2
Resident and family management 1
Interpersonal communication 1
Drug identification and prescription 1

F. Continuing education needs currently met by:
Wesley (Wichita and Halstead) 9
St. Francis 6
KHCA 4
St. Joseph 3
W.S.U. 2
KPNHA 1
Marymount-Salina 1
Beverly Enterprises 1
Newton 1
Topeka 1
Medicalodge 1
KSNA 1
In-house 1
Augusta Medical Complex 1
Emporia hospitals 1

G. Specific budget Yes 10 No 10

H. Continuing education needs B.C.C.C. could provide:
Geriatric nursing 9
More accessible programs 6
Staff supervision 4
N/A 3
Time management 2
Cost-effective programs 2
Interpersonal communications 2
Stress management 1
Psychiatric nursing 1

6. Licensed Practical Nurse

A. Full time 49 Part time 27

B.

C. State regulations for continuing education:
30 hours/2 years

D. Difficult areas to get C.E.U.s:

N/A	9
Geriatrics	6
Accessibility/time and money needs	4
Staff supervision	1
Time management	1

E. Most difficult daily problem:

Staff supervision	13
Time management	5
N/A	3
IPC and teamwork	2
Resident care	2
Care plans	1

F. Continuing education needs currently met by:

Wesley (Wichita and Halstead)	7
St. Francis	7
KHCA	4
Emporia	4
W.S.U.	3
St. Joseph	2
Augusta Medical Complex	2
KSNA	1
Beverly Enterprises	1

G. Specific budget: Yes 11 No 7 Don't know 2

H. C.E. needs B.C.C.C. could provide:

Geriatric nursing	11
More accessible programs	8
Staff supervision	5
Cost effective programs	4
N/A	3
Cancer R_x	1
Care plans	1
Time management	1

7. Certified Nurse Aide

A. Full time 333 Part time 39

B. Educational background: H.S. (approximately 65%; some have not completed H.S.)

C.

D.

E. Most difficult daily problem:

Geriatric patient care	8
Time management	8
Self-motivation	4

IPC	3
Conflict management	1
Stress/burnout	1
Resident cooperation	1

F.

G.

H. Educational needs B.C.C.C. could provide:

N/A	5
Provide CEU program when required	3
Cost-effective programs	2
Rehabilitation techniques	2
Psychosocial needs	2
Image and esteem improvement	2
Cancer patient treatment	1
Professionalism	1
Inservice	1
Stress management	1

8. Nurse Aide

A. Full time 37 Part time 3

B. Educational background: High school (approximately 65%)

C.

D

E. Most difficult daily problem:

Geriatric patient care	5
IPC	2
Time management	2
Self-motivation	1
Burnout	1

F.

G.

H. Educational needs B.C.C.C. could provide:

N/A	2
Self-motivation and improvement	2
Provide CEU program if needed	1
IPC	1
Stress management	1
Inservice	1

9. Certified Medication Aide

A. Full time 16 Part time 5

B. Educational background:
H.S. (approximately 65%) C.N.A. certified 5

C. State regulations for continuing education: 10 hrs./2 yrs.

D. Area most difficult to get CEU's:
Don't know yet -- new.

E. Most difficult daily problem:

Staff supervision	7
Patient cooperation	6
Geriatric care	5
Time management	5
Generic drug identification	3
IPC w/family	2
Charting	2
Potential error in giving meds	2

F. Needs currently met by:
Not met yet.

G. Specific budget Yes 8 No 6 Don't know yet 6

H. Continuing education needs B.C.CC. could provide:

Provide approved CEU program	9
Drug updates	9
Drug side effects	5
Accessible CEU programs	5
Staff supervision	4
Cost-effective programs	3
Conflict management	2
Leadership	1
Care plans	1
Proper techniques for giving meds	1
Behavior modification	1
Assertiveness training	1
Self-esteem improvement	1
In-house seminars	1

10. Restorative Aide

A. Full time 27 Part time 5 Assistants 3

B. Educational background: Certified R.A. 22 Not certified 2
H.S. (approximately 70%) C.N.A. 6 C.M.A. 1

C.

D.

E. Most difficult daily problem:

Patient motivation and cooperation	10
Time management	4
Staff cooperation	2
Self-motivation	2
Care plans	1

F.

G.

H. Educational needs B.C.C.C. could provide:

Update rehabilitation techniques	8
N/A	4
Provide CEU program when needed	2
Care plans	2
IPC w/residents	2
IPC w/families	1
IPC w/staff	1
Lifting of patients	1
Accessible programs	1

11. Social Service Designee

A. Full time 19 Part time 1 Serving in 2 jobs 3
A.D. and S.S.D.

B. Educational background:

Certified 14	Uncertified 3	H.S. 13	
C.M.A. 5	CNA 9	Act. Dir. 2	A.A.S. 2
B.S. 4	M.S. 1		

C.

D.

E. Most difficult daily problem:

Resident and/or family counseling	9
Time management	5
Resident cooperation	4
Care plans	3
Staff cooperation	3
Activities for bed-ridden patients	1

F.

G.

H. Educational needs B.C.C.C. could provide:

Develop initial certification prog.	8
Counseling techniques	7
N/A	5
Social psychology	4
IPC	3
Care plans	2
Interdisciplinary teamwork	2
Death and dying	1
Stress management	1

12. Staff turnover rate of most concern:

C.N.A.	15
No problem	2
C.M.A.	1
R.N.	1
L.P.N.	1
Diet/F.S.S.	1

13. Reasons for turnover:

Demanding work/burnout	8
Limited education	5
Low wages	4
Job mobility	4
Age/youth	4
Family problems	1

14. Distances staff usually travel for C.E.U.'s:

A. Zero (on-site)	1
B. 1-25 miles	6
C. 26-50 miles	5
D. 51-100 miles	10
E. 100 plus miles	2
F. Out-of-state	0

15. Locations most appropriate for your staff:

	Strongly Favor	Favor	Strongly Disfavor
On-site	9	5	5
Satellite	11	5	4
B.C.C.C. Campus	8	7	5

Reasons:

Convenient	15
Information exchange w/peers	5
Get away from own facility	3
Cost-effective	3

16. Support for staff attending continuing education programs during work hours:
Yes 20 No 0

	Strongly Favor	Favor	Strongly Disfavor
Back to back sessions/ one workday	10	7	3
Immediately preceeding a shift	1	12	5
Immediately following a shift	1	14	5
Days off	5	7	8

17. Appropriate fees for C.E.U. offerings:

	Cost			
Two-hour program	$4.50-20.	16	$21-50	2
Half-day program	$5-40	15	$41-80	2
Full-day program	$10-55	14	$56-100	3

18. Would staff utilize a college credit option:
Yes 19 No 1

19. Suggested topics for C.E.U.'s best meeting staff needs:

Financial management	4
Federal/state legislation	7
Disease processes	17
Patient care	10
Psychosocial relationships	20
Nutrition	17
Staff supervision	19

Additional topics from survey group:

Time management	1
Legal issues for medical records technicians	1
Geriatric care	1

FIGURE 4

Average Percentages of staff in catchment area Nursing Homes

	% of total staff	Range
1. Administrator	> 1%	>1 - 1½%
2. Director of Nursing/Health Services Supervisor	>1%	>1 - 1½%
3. Activity Director	1½%	>1 - 3%
4. Dietitian/Food Service Supervisor	2%	1 - 2%
5. R.N.	4%	0 - 10%
6. L.P.N.	5%	1 - 10%
7. C.N.A.	31%	18 - 50%
8. N.A.	4%	1 - 21%
9. C.M.A.	15%	5 - 26%
10. R.A.	3%	1 - 10%
11. S.S.D.	1%	>1 - 2%

SOURCE: Christensen, 1984

difficult for minimally trained staff to enter the facility and effectively assume responsibility for resident and/or personnel management. In addition, the financial inability of these institutions to offer competitive wages and benefits for the paraprofessional consistently attracts less stable and reliable employees. Thus, a highly unprofitable cycle for both employer and employee has resulted. Further more, state requirements for certification and continuing education place an added strain on Nursing Home budgets and staffing. Administrators, directors of nursing and health service supervisors are all greatly concerned with locating quality, cost-effective, accessible continuing education, but often find it difficult to do so. Problems are encountered most frequently with accessibility and appropriateness of programs. The distances usually traveled for continuing education programs ranged from twenty miles to one-hundred miles. When asked for their preference as to location for potential Butler County Community College offerings great flexibility was noted in responses. Most administrators felt that the satellite or Butler County Community College campus locations would be best because staff needed a change of atmosphere and an opportunity to exchange information with their peers. These locations were deemed convenient to most facilities and a desire for cost effective programs was emphasized as well; the less distance traveled, the more reasonable the cost. The great majority of administrators supported staff attendance at continuing education programs during working hours with the back-to-back sessions throughout one work day being the most strongly favored, followed in order by immediately following a shift.

and days off. The range of fees for three types of programs was again indicative of concern for cost-effective offerings. A decided majority (90%) of respondents gave a price range of $4.50-$20. for a two-hour program, $5.-$40. for a half-day program and $10.-$55. for a full-day program. The median figure for each group was approximately $7.00 for a two-hour program, $18.00 for a half-day program and $25.00 for a full day program. Approximately 98% of resondents favored an option for college credit for continuing education program attendance. Finally, the most favored topics for future continued education programs included the following areas: disease processes, patient care, psychosocial relationships and staff supervision. Most staff members emphasized the need for specific geriatric specialty programs, relating directly to the nursing home and its residents.

It appears that Butler County Community College's primary focus for the nursing home staff in its catchment area should be as follows:

1. Initial certification for Activity Director.
2. Initial certification for Social Service Designees.
3. Continuing education for Certified Med Aides. Focusing on drug staff supervision and the geriatric patient.
4. Continuing education programs for administrators dealing with staff supervision, time management and the geriatric patient.
5. Explore possibility of in-service or conference offerings on interpersonal communication, geriatric care, time management and stress management.

In the course of gathering information for this survey, it became apparent that dual or multiple certification is a widespread practice in Kansas Nursing Homes. The reason for this seems to be that a staff member who can fill more than one position is a more useful employee. The groups who obtain varied certification are primarily the aides,

social service designees and activity directors. (see Figure 5) who account for approximately 85-90% of the multiply certified population. This is significant because the potential number of certification and CEU participants, in view of this certification trend, markedly increases. In addition, this trend will remain popular because it eases some of the difficulties regarding turnover in the aide employee group, which has the highest turnover rate. The availability of worker substitutes is currently vital to the majority of east central Kansas Nursing Homes.

Finaly, the State Department of Health and Environment has reinforced this trend by requiring nurse aide certification before one can become further certified or be employed in a certified medication or restorative aide capacity. Consequently it appears that continued emphasis will be placed on quality certification and continuing education programs for the above-mentioned groups in Kansas. In view of this fact and the greater number of potential employees seeking dual certification or continuing education in the Butler County Community College catchment area, development of SSD and AD certification programs as well as regular offerings of continuing education programs for nursing home administrators and certified medication aides is strongly recommended.

FIGURE 5

MULTIPLE CERTIFICATION OF STAFF

Home	# w/Mult. Cert.-/ Total Staff	% of Total Staff
Butler Catchment Area		
1. Chase County Nursing Center	17/63	29%
2. Colonial Manor	7/44	17%
3. Country Club Home, Inc.	14/66	21%
4. El Dorado Nursing Center	14/55	24%
5. Heritage Village	15/44	33%
6. Knutson Manor	29/85	33%
7. Madison Manor	14/48	35%
8. Marion Manor, Inc.	11/60	19%
9. Medicalodge of Eureka	19/71	24%
10. Parkside Homes, Inc.	10/54	19%
11. Peabody Memorial Nursing Home	11/64	18%
12. Regency Health Care Center - Eureka	15/36	48%
13. Regency Health Care Center-Florence	12/43	29%
14. Walnut Valley	13/35	39%
15. Westview Manor	11/45	25%
16. Wheat State Manor	12/60	20%
Total	224/873	Avg. % of Total Staff 27%
Sedgwick County		
1. Keen-agers	15/36	48%
2. Northeast Nursing Center	11/65	18%
3. Terrace Gardens	21/125	19%
4. Westview Manor	15/92	16%
Total Sample	62/318	Avg. % of Total Staff 25%

SOURCE: Christensen, 1984

NEEDS ASSESSMENT INFORMATION CHECKLIST**

Number of respondents: 15

Certification Needs	Satellite	BCCC	Fall '84	Spring '85
CMA	5	2	4	5
CNA	4	2	5	5
RA	3	2	4	5
AD	1	2	3	3
SSD	1	2	3	3
Continuing Education Needs				
Disease Processes				
Cancer	4	3	5	4
Alzheimer's Disease	5	3	6	5
Confused Patient	7	3	8	4
Osteoporosis	2	1	2	2
Hearing Impaired	3	2	4	2
Interpersonal				
Listening efficiently	5	2	7	4
Communication Climate	5	3	6	3
Assertiveness	5	2	6	3
Nonverbal	5	3	6	5
Motivating	7	3	9	8
Time Management	6	2	8	5
Leadership	6	3	7	5
Patient Care				
Care Plan	4	3	5	6
Lifting Geriatric Patient	2	2	3	2
Drug Reactions	4	2	5	3
Team Approach	3	2	6	4
Generic Drugs	4	2	5	2

** Survey of representative group of nursing home administrators and directors of nursing, concerning certification and continuing education needs (August 14th, 1984).

SOURCE: Christensen, 1984

ENDNOTES

Introduction

1. Herman B. Brotman, "The Aging Society: A Demographic View, Aging, Jan./Feb. 1981, pp. 2-4.

2. Alvin Rabushka, Old Folks At Home, New York: The Free Press, 1980, pp. 20-21.

3. Ibid. Brotman, pp. 2-4.

4. Lawrence Meyer, "A Predicament for All," The Washington Post, May 16, 1982, pp. A1, A16.

5. Ibid. Meyer, pp. A1, A16.

6. Lawrence Meyer, "Industry of Aging," The Washington Post, May 18, 1982, pp. A1, A14.

7. Idib. Meyer, pp. A1, A16.

8. Hephen Crystal, America's Old-Age Crisis, New York: Basic Books, Inc., 1982, pp. 5-6.

9. Linda Daily, "Nursing Home Reform: Citizens Make The Difference," Engage/Social Action, June 1981, p. 16.

National

10. Bruce Vladeck, Unloving Care, New York: Baisc Books, Inc., 1980, pp. 3, 7-22.

11. L. Horn & E. Griesel, Nursing Homes, Boston: Beacon Press, 1977, pp. 10-11.

12. R. Hughes & R. Brewin, The Tranquilizing of America, New York: Harcourt Brace, 1979, pp. 162-189.

State

13. Ibid. Vladeck, pp. 8-12.

14. U.S. Department of Commerce, Bureau of the Census, 1980.

BIBLIOGRAPHY

Abel, Les. "Adult Education in the 80's," The Vocational/Technology Bulletin, Kansas State Department of Education, Winter, 1983, pp. 1-2.

Brotman, Herman. "The Aging Society: A Demographic View," Aging, Jan./Fed. 1981, pp. 2-4.

Clayman, Jacob. "Applying Strong Advocacy," Engage/Social Action, June 1981, p. 16.

Cottin, Lou. Elders in Rebellion. Garden City, N.Y.: Anchor Press/ Doubleday, 1979.

Crystal, Stephen. America's Old-Age Crisis. New York: Basic Books, Inc. 1980.

Daily, Linda. "Nursing Home Reform: Citizens Make the Difference," Engage/Social Action, June 1981, p. 17-19.

DeMoss, David. "Quality Vocational Program in the Rural Area," Kansas State Dept. of Education, Winter, 1983, p. 6.

Directory of Adult Care Homes. Program Review and Services, Kansas Department of Health and Environment, Topeka, Kansas, 1983.

Horn, L. and E. Griesel. Nursing Homes. Boston: Beacon Press, 1977.

Hughes, R. and R. Brewin. The Tranquilizing of America. New York: Harcourt Brace, 1979, pp. 162-189.

Mendelson, Mary A. Tender Loving Greed. New York: Vintage Books, 1975.

Meyer, Lawrence. "A Predicament for All," Washington Post, May 16, 1982, pp. A1 and A16.

_____. "Industry of Aging," Washington Post, May 18, 1982, pp. A1 and A14.

Moss, Frank. "It's Hell to be Old in the U.S.," Parade, July 17, 1977, pp. 9-10.

Rabushka, Alvin. Old Folks at Home. New York: The Free Press, 1980.

Trafford, Abigail. "The Tragedy of Care for America's Elderly," U.S. News and World Report," 1978.

Urosevich, Patti. "How Nurses Are Learning to Live With DRG's," Nursing Life, March/April 1984, pp. 64-65.

U.S. Department of Commerce. Bureau of the Census. Kansas rural and nursing home resident statistics. 1980.

Vladeck, Bruce. Unloving Care. New York: Basic Books, Inc., 1980.

Warner-Reitz, Anne. Healthy Lifestyle for Seniors. New York: Meals for Millions/Freedom from Hunger Foundation, November, 1981.

ERIC Clearinghouse for Junior Colleges
8118 Math-Sciences Building
University of California
Los Angeles, California 90024

SEP 21 1984